V. S. No. 1

	County liston 1 1 1 2	Registration Dist. No. 2	3
	Village or City Hock Nacl		
		NO. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
		ds. How long in U.S. If of foreign birth?yrsm	
2	. FULL NAME Unne Metan	den	
	(a) Residence: No. Arck Hall.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH	
7	enale white widevel	(Month) (Day)	, 198. (Year)
5a.	If married, widowed, or divorced HUSBAND of		
	(or) WIFE of Araham alexander	1 HEREBY CERTIFY, That I attended	deceased from
6 1	DATE OF BIRTH (month, day, and year) March 4 1857	I last saw h	, 19.4./
7. A		to have occurred on the date stated abova, at 4m.	; death is said
	0/ 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance	
	7 101	wera as follows:	Date of enset
TION	8. Trade, profession, or particular kind of work done, as SPINNER, Have work. SAWYER, BDDKKEPPR, etc.	and the	1.11
PAT	9. Industry or business in which work was done, as SILK MILL,	The aller of the	10-11
0000	SAW MILL, BANK, etc	January - Compounder.	190
0	10. Date deceased last worked at this occupation (month and spent in this		
	year) occupation of	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town) Desmany.	A share of importance.	
~	(State or country)	Derebeal Thrombour.	Oleg. 195
HER	13. NAME Morris Leve		
_	14. BIRTHPLACE (city or town)	Name of operation Oate of	
_	(State or country)	What test confirmed diagnosis? Was there an a	u opsy?
HER	15. MAIDEN NAME Weskuron	23. If death was due to external causes (VIOLENCE) fill in also tha following	
_	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
Ξ	(State or country)	Where did injury occur?	
17. !	NFORMANT May allebander	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18 6	(Address) Rock Dlace BURIAL, GREMATION, OR REMOVAL		
10, [Place Ballo Henry Oate Ut 27 13 4	Manner of injury	
	Vale 1	Nature of injury	
19. (JNOERTAKER DOG DOG (Addiess)	24. Was diseasa or injury in any way related to occupation of deceased?	
00 1	FILEO/0-27 1932 B. TrenDurding	(Signed Trankel Lewith	. M. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mc-chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OTEN BUILDING			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

No. 1

V. 53.

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PLACE OF DEATH	STATE OF MARYLAND
County Deut	(3) CERTIFICATE OF DEATH
n. 111.00	Registration Disk No. 203
Village or City Roch Half (No. 2FULL NAME Stellbern ash	St.: Ward) (If death occurred is a hospit d or institution, give its EAME i. stend of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 10 20 , 1927
6 DATE OF BIRTH	(Month) (Year) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
10 20 192)	
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE State of Market of M	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	00000
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts, mos ds
9 BIRTHPLAGE (State of Country of Half and Ind 10 NAME OF FATHER Illand Cohley 11 BIRTHPLACE OF FATHER	Contributory Secondary (Duration) (Signed) (Signed)
OF FATHER (State or countries to be described of the description of th	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transsients or Recent Residents) At place of death yrs. mos. ds. State. yrs. mos. ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea.h?
(Informant) Willard Y. Ashly (Address) Book Hell my	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Wisly Chapel Class 18/21, 19 32 20 UNDERTAKER ADDRESS
Filed 10/21 182 /3. Zu Dud	1.600 1000 00000000000000000000000000000

Registrar

If more blanks are needed, addre s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11037

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a tired 6 yrs. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Novand, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is we y important, so that the relative health-Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, laborer, Never return "laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Furm laborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. specifically the occupations of persons who are engaged in the duties of the For persons (b) Automobile factory. The material Stationary fireman, etc. But in many a) the kind of work and also (b) the who have no occupation Locomotive (6) engineer, Grocery

Statement of Cause of Death—Name, first, the Dis-EALL CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinktheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

> "("Exhaustion," "Heart lanure, "Shook," "Inanition," "Marasmus," "Old Age," "Shook," "Uruemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, teturus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on carbolic acid-probably suicide. The n. ture of the injury. accident; Revolver wound of head-homicide; Poissoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. (secondar, or intercurrent) Whooping cough; unqualified, is indefinite; Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainperilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), name origin; "Cancer" is less definite; avoid for malignant neoplasins; Measles; Chronic etc. The contributory valendar heart affection necd Nomenclature of the not be discuse ;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data 14 essential and must be obtained before the certificate is permanently filed.

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PRYSI-

1PLACE OF DEATH	
County Kent	&
Village or City Bah Halko.	***************************************
2FULL NAME Still bens	ashley
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY C
10 20 , 15 Z (Month) (Day) (Year)	that I last saw h
7 AGE Still Gan If LESS than I day hrs. ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Sulf
9 BIRTHPLACE (State of County) Hall and	Contributory Secondary
10 NAME OF FATHER CLASS Cables	(Signed) HIGG 10-21 1922
State or country ent 60 lines (State or country) ent 60 lines (S	*State the Lise Violent Causes, state Accidental, Suicidal or 18 LINGTH OF RESII ients or Recent Resid
OF MOTHER STATE OF MY KNOWLEDGE	At place of death yrsmos. Where was disease contract if not at place of death?
(Informant) Willard F. ashley	Former or usual residence
(Address) A Colombia Half. Mg	Wesley Chap 20 UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist No.

(If death occurred in a hospit I or insti-Ward tion, give its NAME a - stead of street and number.) CERTIFICATE OF DEATH (Month) (Day) ERTIFY, That I attended the deceased from alive on d on the date stated above, at was as follows:(Duration)yts. mos..... Causing Death, or, in (1) Means of Injury and Homicidal. DENCE (For Hospitals, Institutions, Translents) In the .ds. yrs... .mos. . ed. DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The quesstate occupation at beginning of ilmess. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in done-tic service for wages, as Serrant, Cook. Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc. without more precious or mine, etc. Wom-laborer, Farm laborer. Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer." "Forman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of oc whatever, write None. business, that fact may be indicated thus; Furmer trehousehold only (not paid Housekeepers who receive a Forenan, (b) For many occupations a single word or term on Wrs). (b) Cotton mill; (a) Salesman. is very important, so that the relative health-Stationary fireman, etc. For persons who have no occupation (a) the kind of work and also (b) the Automobile factory. The material But in many (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Callsing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Dreumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. approved diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles idisease use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., carbolic acid -probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide: Polsoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOVIICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Ansenia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite; Tuberculosis of lungs, mon-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (secondar) or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (nume origin; "Cancer" is less definite; avoid by Committee on for malignant neoplasms; Measles; ("hronic etc. affection need valendar heart Nomenclature The contributory not be disease; sepsis,

If this certificate is looked over thoroughly and all quistions answered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

V. S. No. 1

			[
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN FAECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
KD.	YSI	sta	
ECO	PH	xact	
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Z	AC	ssifi	
KW	N	cla	at.
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County desis	Registration Dist. No.
Village or City Belterton	No. St. 7 Ward
/// (16	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? 6 yrs. mos. ds.
C. 1.013	as. now long th 0.5.11 of far ings bitth? OO yrsmosas.
2. FULL NAME Prank I Sown	
(a) Residence: No. (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (write the word)	Oct 20, 193 2
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
n. # 1072	(ect 1944, 1932, to Cect 30, 1937
6. DATE OF BIRTH (month, day, and year) / NEW	I last saw han alive on 1730 P
7. AGE Years Months Deys If LESS then 1 dey,	to heve occurred on the date steted ebove, at 22.30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
S. Trade profession or postinular	were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.	Complication of Deciman
Industry or business in which	THE WELLTON Y WISH WILLS
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. SINDUSTRY OF business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	
	Va.
year) occupation /	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town) Chesterloyso	
(State or country) waryland	Induculous,
13. NAME 14. BIRTHPLACE (city or town) 14. Character (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an eutopsy? MU
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Octavo & Legas (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Clast & Filips (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND CONTROL OF THE CON	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Still Fond Dete Oct 22, 19.32	Nature of injury
10 HUNDENSAUED (3/18 5 200 mg/m)	24. Wes diseese or injury in eny way related to occupetion of deceased?
19. UNDERTAKER (Address)	If so, specify
on our Oct n 32 Melach	(Signed) L. O. Christon M. D.
20. FILED Registrar.	(Address) Settle Gond

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. No. should (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth? _____yrs. ____mos. ___ Length of residence in city or town where death occurred statement St. Ward. ECORD. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (withe the word) w marine (Month) (Year) 5a. If married, widowed or divorced BINDIN HUSBANO of FY. That I attended deceased from (or) WIFE of M certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months properl FOR stated 1 day 80 niin. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER MARGIN RESERVED JO SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... back may should Pate deceased last worked at 11. Total time (years) on this occupation (month and spent in this occupation instructions UNFADING Other Contributory Causes of important 12. BIRTHPLACE (city or town FATHER See plain What test confirmed diagnosis?.. carefully MOTHER important. 23. If death was due to external causes (VIDL ENCE) fill In also the following: in Where did Injury occur? _____. (Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. should very (Address) OF Manner of Injury WRITE CAUSE Date 10-26 1934 mation NOIL 24. Was disease or injury in any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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-I	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ALOU & LIST	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE O	F	MARYLAND-CERTIFICATE (OF	DEATH	11	041

1. PLACE OF DEATH	(81-0)
County Hew	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign hirth? yrs. mos. ds.
(a) Residence: No. When Country (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WATER AND	22. / HEREBY CERTIFY. That I attended deceased from / 10 - // 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 10 q.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the securation (month and the securation of the security of the securation of the security of the s	aprojectory of
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importances.
13. NAME GROUGE W Carter 14. BIRTHPLACE (city or town). (State or country) Henry Co Max	Name of operation
15. MAIDEN NAME COLUMN Rollson 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Nettre M. Garyly (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Y WAY Date DU 15 ,193	Manner of Injury
19. UNDERTAKER WE THE GOOD TO SHEET TO	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address (Address (Address (Address (Address (Address (Address (Address (Address (Address (Address (Add
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	NOV 2 1832	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURDAU V	July 5, 1927	Perilonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

	STATE OF	MARYI	_AND-	CERTIFICATE OF DEATH 11042	
-	1 05	_			
	County ! ! ! !			Registration Dist. No. 20	
	Village or City	0100	/	No. Ple St., War	rd
	Length of residence in city or town where death of	occurred .	lf) yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)	
		occurred	00	yrs	S.
1	P. FULL NAME		Clar	pson	
		(Usual place of a	-	St., Ward. If nonresident give city or town and State	
_	PERSONAL AND STATISTICAL	L PARTICL	ILARS	MEDICAL CERTIFICATE OF DEATH	
-	June Bek .	SINGLE, MARRIEI	urite the word)	21. DATE OF DEATH (Month) (Day) (Year)	_
Ja.	If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended daceased fro	m
	DATE OF BIRTH (month, day, and year)	6-9.	1934	; 19, 19, 19, 19; death is sai	id
7.	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at	
			rm.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	-
N	Trade, profession, or particular kind of work done, as SPINNER.			Oate 01 0136	
TI	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			y Lo. fect 7	
UP/	work was done, as SILK MILL, SAW MILL, BANK, etc.			Lived 3	
OCCUPATION	Date deceased last worked at this occupation (month and year)	11. Total tima o spant in ocaupati	this		
	Y	oc:upati	011	Other Contributory Canses of importance:	
12.	BIRTHPLACE (city or town) (State or country)	~	٧٠,	- Designation of the second se	
0:		7 112	7-	Tropally Sypullers!	
FATHER	13. NAME	AL TO	E .		
AT.	14. BIRTHPLACE (city or town)	8		Name of operation Date of	_
	(State or country)	or seg		What test confirmed diagnosis? Was there an au opsy?	
HER	15. MAIDEN NAME . / M. A. M.	CARA	M	23. If death was dua to external causes (VIOLENCE) fill in also tha following:	
0	16. BIRTHPLACE (city or town) - Feeth	Co	/	Accident, suicide, or homicide? Data of injury, 19	
Σ	(State or country)	121		Where did injury occur?	
17.	INFORMANT (Address)	Mary	7	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL		,	Manner of injury	-
	Place is the Control Date of the Date of t	te late.	19.02	Nature of injury	-
19.	UNDERTAKER asbury #2	ury.		24. Was disease or injury in any way related to occupation of deceased?	-
	(Address) Chastels Low	Tell	my	If so, specify	-
20.	FILED 10. 1937 trans	671.8	uth	(Signed) Manual M.	D.

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy I week ago Run over by street ear Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroenteritis Gallstones 1 year

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RESERVED

MARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

S. No. 1

	11045
PLACE OF DEATH	STATE OF MARYLAND
County / Leut	CERTIFICATE OF DEATH
	Registration Dist. No. 243
Village or City & who It allow The	St: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
2FULL NAME Sullorn Hea	Alus number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SANGE, MARRIED, WIDOWSD. OR DIVERCED (Write the word)	16 DATE OF DEATH (letaler 24, 1932 (Nonth) -(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on , 192,
7 AGE 2 1 1 1 1 1 If LESS than	and that death occured on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	& hell bons
(a) Trade, profession or particular kind of work	~
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. wos. dn.
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	(Dystion) yrs inos de
FATHER CAMES / TOCCES	(Signed) A fettoffel guil M. D.
U II BIRTHPLACE	192 L (Address) Lofelsterlan
State or county ent bo Med	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Elma Walson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos de
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Molly	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
(Address) Mush Hull	Machin Chapel Com Och. 25- 1932
15 Filed 1U-25- 1982 B. Trew Duelling.	Lames Hagans Pather Rick Hall
If more blanks are needed, address State Registrat	16 W. Saratoga St. Bolto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As example: : 'a additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of ocworked on may form part of the second statement. Never return 'Laborer," "Foreman," 'Manager," 'Peul-(0) Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Chok to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Liouvehousehold only inot paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer. Physician, Compositor. the first line will be sufficient, c. g., Farmer or Planter, whatever, write Nonc. etc., www. Foreman, to For many occupations a single word or term on or At Home, and children, not gairfully emyns). For persons Enow (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Stationery forman, etc. (b) Automobile factory. The the kind of work and also (b) Laborer-Coal mine, etc. Architect, who have no occupation Locomolne But in many The quesmiterial engineer, Stanon)

Extendent of Cause of Death—Name, first, the DEATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carchrospinal fever (the only definite synchym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Japan present (never report "Typhoid Pneumonia"); Japan pneumonia. Bronchopneumonia ("Pneumonia,")

stated unless important. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock." "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 23 ds.; Bronchopneumonia (secondary (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms; inges, perilonaeum, etc., Carcinoma, Surcoma. etc. of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, acsident; Revolver wound of head-homicide; Poismed by Examples: Accidental drowning; Struck by railway frair or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICHDAL, can be ascertained as the cause. Whooping approved by Committee on (Recommendations on statement of cause of American Medical Association.) cause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) Chronic Example: Meastes (disease etc. affection need not with utar Nomenclature of The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	93-4
	county /Cerek Co.	Registration Dist. No. 202
	Village or City nr. Chesterloun	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred 50 yrs	
2	FULL NAME Robych Gleason U	icholson
	(a) Residence: No. Chestertoem (Usual place of abode)	Col. Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
7	Wale White Widawer	(Month) (Oay) , 193 2— (Year)
5a.	If married, widowed or divorced HUSBANO of	
	(or) WIFE of Laura awanda Hecholo	22. HEREBY CERTIFY That Valended deceased from 27 1932
6. 1	DATE OF BIRTH (month, day, and year) Thow. 5-th 1847	last saw h alive on Q A 29, 1932; death is said
7. /		to have occurred on the date stated above, at 1.1. 40 A.m.
	84 11 24 Iday, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKLEPER, etc.	My ocarde les dons
OCCUPATION	J. Industry or business in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc	arterio Selevio
000	10. Date deceased last worked at this occupation (month and to spent in this spent in this year)	
12.	BIRTHPLACE (city or town) Maryland .	Other Contributory Causes of Importance:
1ER	13. NAME Robert Wicholson	
FATHER	14. BIRTHPLACE (city or town) England.	Name of operation Date of
ER	15. MAIDEN NAME Sanal Solial Burges	What test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town) Delocerone (State or country)	Accident, sulcide, or homicide? Date of injury, [9,
17.	INFORMANT Beggie 211. Elicholson (Address) Gerstertown R40	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
.81	Place Chestertour Date 2000/5, 19 32	Manner of injury
19.	UNDERTAKER Plas. L. Dodd. (Address)	24. Was disease er injury in eny way related to occupation of deceased?
20.	FILED Oct 31, 1937 W THICKS Registrar.	(Signed) Thurse M. D. (Address) Checker Lown,
-		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

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BEREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Year) HEREBY CERTIFY. That t attended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Other Coutributory Causes of importance - Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _ ACC (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 24. Was disease or injury in any way related to occupation of

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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STATE	OF	MARYL	AND-	ICATE	OF	DEATH

PARKE.

IPA	1. PLACE OF DEATH	
CCL	County New of	Registration Dist. No. 204
Ö	Village or City Ras-Chestertown	No. St. Ward
of	O / (If	death occurred in a hospital or institution, give its NAME instead of street and number)
ent	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
tem	2. FULL NAME of Augustin 14, 2000	underg.
stat	(a) Residence: No. AT ALLAND (Usual place of abode)	St., Ward. If nonresident give city or town and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. Exa	3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH (Month) (Pay) (Yest)
fied	5a. If married, widowed, or divorced HUSBAND of	no recent hed. alluduit -
classified	(or) WIFE of	Returned from the large 1/32 from
	6. DATE OF BIRTH (month, day, and year) Regust 16/74	last saw h alive on the said
properly certificate	7. AGE Years Months Days If LESS than 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and relate causes of imparatice for grant of the PRINCIPAL CAUSE OF DEATH and relates causes of imparatice for grant of the principal causes of t
pr	Z 8. Trade, profession, or particular	were as the information :- Date of onset
be	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinomic I Speen
may	9. Industry or business in which	
t it n	SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	his Diagnoses madefrue 1, 1992.
	this occupation (month and spear) spent in this occupation	Estimated date of wikel mine 1930.
erms, so tha	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
ms,	E 13. NAME M. 4 Atradle	
4	14. BIRTHPLACE (city or town)	Name of operation Section (Explanatary Date of man 12/67
50	(State of country)	What test confirmed diagnosis? A start was there an eutopsy?
in pl	15. MAIOEN NAME CHANGE RADIOLOGICA	23. If death was due to external causes (VIOLENCE) fill in also the following:
EATH in limportant.	[16. BIRTHPLACE (city or town)	Accident, surcide of homicide
DEATH y import	(State or country)	Where did injury occor? / Louisiang the Land (Specify bily or town, county and State)
OF DI	17. INFORMANT	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E .S	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
CAUSE TION is	Odle , 190	Nature of injury
CA	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
T	10 + 1- 10 MM 1 - 11	(Signed) Larry L. Dack, Cong., M. D.
1	20. FILED USA	(Address) Chaterton, Mich.
	70 1, 1	and the same of th

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year